Please type a plus sign (+) inside this box					
UTILITY	Attorney Docket N	END 727 DIV 17404			
PATENT APPLICATION	First Inventor: Randy R. Stephens Title: Surgical Biopsy Device Having Automatic Rotation of the Probe for Taking Multiple Samples				
TRANSMITTAL	I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, Box-Patent Application, PO Box 1450, Alexandria, VA 22313- 1450. Name: Linda F. Hansen				
(only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Lab	el No. EU 472 450 760 US			
APPLICATION ELEMENTS		ADDRESSED TO:			
See MPEP Chapter 600 concerning utility patent app	olication contents.	Hon. Commissioner for Patents PO BOX 1450, Mail Stop Patent Applications Alexandria, Virginia 22313-1450			
1. ☑ Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee get) 2. ☐ Applicant claims small entity status. 3. ☑ Specification [Total Pages 39] (Preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Application - Statement Regarding Fed sponsored for the Invention statement Regarding Fed sponsored for the Invention strief Summary of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filest the Invention strief Description of the Drawings (if filest the Invention strief Description of the Drawings (if filest the Invention of the Disclosure) 4. ☑ Drawing(s)(35 USC 113) [Total at Inventor of the Disclosure] 5. ☐ Oath or Declaration [Total at Inventor of the Inventor of Inventor of Signed statement attached inventor(s) named in the print see 37 CFR 1.63(d)(2) and	ns R&D or a Sheets 22] Pages 5] by) 7 CFR 1.63(d)) 18 completed) (S) deleting or application,	7. □ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. □ Computer Readable Form (CRF) b. □ Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ Paper c. □ Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. □ Assignment Papers (cover sheet & document(s)) 10. □ 37 CFR 3.73(b) Statement □ Power of Attorney (when there is an assignee) 11. □ English Translation Document (if applicable) 12. ☒ Information Disclosure Statement (IDS)/PTO-1449 □ Copies of IDS Citations 13. ☒ Preliminary Amendment 14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. □ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. □ Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. ☒ Application Cover Sheet w/Express Mail Certification			
6. Application Data Sheet. See 3	7 CFR 1.76	and supply the requisite information below and in a			
preliminary amendment, or in an Applic ☐ Continuation ☐ Divisional ☐ Continuation information: Examine For CONTINUATION or DIVISIONAL APPS declaration is supplied under Box 5h, is cons	cation Data Sheet nuation-in-Part (er: CHARLES A only: The entire idered a part of the erence. The inco	under 37 CFR 1.76: CIP) of prior application No.: 09/839,165 filed 4/20/01.			
19. CORRESPONDENCE ADDRESS ☑ Customer Number or Bar Code Label	000027777	or 🛛 Correspondence Address below			
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One New Brunswick, NJ 0893	Johnson & Joh				
20. TELEPHONE CONTACT: Gerry S. Please direct all telephone calls or fa	Gressel, Esq.	ne: (513) 337-3535 Fax: (513) 337-8489			
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME Gerry S. Gressel		Reg. No. 34,342			
SIGNATURE 12 1 12	D	Date: July 2, 2003			



	Complete if Known		
	Application Number		
FEE TRANSMITTAL	Filing Date	July 2, 2003	
	First Named Inventor	Randy R. Stephens	
	Group Art Unit	Not yet assigned	
	Examiner Name	Not yet assigned	
	Attorney Docket Number		
		END-727 DIV1/GSG	

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 750.00
TOTAL CLAIMS	11-20	- =	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	2-3	- =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 -	=	N/A	X 280.00	
			TOTAL FEES	\$750.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750END-727 DIV1/GSG in the amount of \$750.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-727 DIV1/GSG. Three copies of this sheet are enclosed.

SUBMITTED BY:			Complete (if applicable)
Typed or Printed Name	Gerry S. Gressel		Reg. No. 34,342
Signature	B). M	Date: July 2, 2003	Deposit Account No. 10-0750